

# CANDIDATE'S SPECIAL REPORT

(To be filed by a candidate or his principal campaign committee)

This form is filed during the 20 day period immediately preceding an election to report (1) all receipts from a single source in excess of \$1,000 by major office candidates; in excess of \$500 by district office candidates; or, in excess of \$250 by any other office candidates, and/or (2) any payments exceeding \$200 to any person who endorses candidates and who is required to file campaign finance disclosure reports.

All candidates who have had any such transactions within the 20 days immediately preceding an election are required to report any such transactions on this form within 48 hours of the time the transaction occurred.

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1. Qualifying Name and Address of Candidate <b>DOUGLAS HAMMEL</b> 1004 4th Street New Orleans, LA 70130		2. Office Sought (Include title of office as well as parish, city, town and/or election district.) Judge Orleans E	OFFICE USE OF Report Number: 36412 Date Filed: 5/2/2013  Report Includes Schedules: Schedule A  4/13  Spec
3. Name and address of principal campaign committee (Applicable only if candidate has a principal campaign committee)			
4. Date of Election <u>4/6/2013</u>		Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> (Check one)	
5. a. Name of Person Preparing Report <b>MARY HOFFMAN</b>			
b. Daytime Telephone <u>225-275-1904</u>			
6. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that are required to be disclosed have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.			
This _____ day of _____			
_____ Signature of Candidate/Chairperson (To be signed by Chairperson only if report by principal campaign committee)		_____ 504-967-7557 Daytime Telephone Number	
_____ Signature of Treasurer		_____ Daytime Telephone Number	